



Utah Retirement Systems
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(800) 753-8772
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EMPLOYEE BENEFITS NOTIFICATION

For Retirement and Defined
Contribution Plan Benefits

EMPLOYEE INSTRUCTIONS:
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1. Please type or print clearly using black ink.
2. After reviewing this form with your employer, sign Section C.
3. Complete this form immediately upon an employee's termination of service, retirement, or long-term disability.
4. Review Sections A and B with the employee and have the employee sign in Section C.
5. Complete Section D. In the event the employee is not available, Section D should be completed with the date a copy of the form was mailed to employee.
6. Make photocopies of the completed form for the employee and for your records; return the original to URS.

SECTION A - RETIREMENT BENEFITS

If you terminate or retire from active employment, you may be eligible for the following benefits:

1. **A refund of member contributions.** An application must be filed with URS. The refund may not be made within 60 days from the last date of the pay period for which contributions are made. Please contact the Retirement Benefits Department at (801) 366-7770 or (800) 695-4877 for assistance and information regarding penalties and taxes.
2. **A lifetime monthly allowance if the URS eligibility requirements are met.** An application stating your effective retirement date must be filed with the Retirement Office before your retirement date. Please contact the Retirement Benefits Department at (801) 366-7770 or (800) 695-4877 for assistance.
3. **A death benefit.** This is only available for certain URS members. Please contact the Retirement Benefits Department at (801) 366-7770 or (800) 695-4877 for assistance.

SECTION B - DEFINED CONTRIBUTION BENEFITS

If you have funds in the URS 401(k) and/or 457 Defined Contribution Plans and you terminate or retire from active employment, several withdrawal options are available if you choose to take a distribution. Please contact the Defined Contribution Department at (801) 366-7720 or (800) 688-401k for assistance, or visit our web site at www.urs.org.

Check box if participating in

☐ **401(k) Plan**

☐ **457 Plan**

Note: An annual account maintenance fee of \$15 will be assessed to inactive participant accounts with combined 401(k) and 457 plan balances of less than \$5,000. Periodically inactive participants with combined 401(k) and 457 plan balances between \$15 and \$1,000 will be issued a check (or checks) to bring their balance(s) to \$0.

Please Note:

1. A leave of absence or leave without pay is not a termination of employment that qualifies a member to receive URS benefits or plan distributions.
2. A terminated or retired participant must commence required minimum distributions no later than April 1 of the calendar year following age 70½.
3. If you are rehired by another employer participating with URS, you may not qualify for a distribution from the plans.

SECTION C - EMPLOYEE SIGNATURE

I hereby certify that I have been notified of my rights under the plans, systems, and programs administered by URS. I understand that it is my responsibility to contact each URS department and complete the appropriate forms to receive benefits to which I may be entitled.

Employee's Signature

Date

SECTION D - EMPLOYER INFORMATION (please type or print clearly in black ink)

Employee Name (First, Middle, Last)

Social Security Number

Mailing Address

City

State

Zip

Last day of active employment _____

Reason for leaving employment

☐ Termination ☐ Retirement ☐ Long-Term Disability

This form was ☐ mailed (month/day/year) _____

☐ given to the employee on (month/day/year) _____

Name of Employer and Employer Number

Authorized Signature (required)

Phone Number

Date

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URS Use Only

Employer No

Fund

Entered By

Date Entered